

# THE ARMY NURSE CORPS NEWSLETTER

*“Ready, Caring, and Proud”*

Volume 05 Issue 07

April 2005

## Table Of Contents

Message from the Chief	1	Call for Posters	11
Kudos and Publications	2	News from HRC	14
News from the Office of the ANC	5	DNS Newsletter	15
News from USAREC	5	Message from the Chief, DNS	15
News from Around the Corps	6	HNLDC Funding for Reservists	16
New Sigma Theta Tau Chapter	10	Classes	17



## *Message from the Chief*



Once Again, Greetings!

I remain so honored to represent you and to address the challenges we face to insure that we are the most respected group of professional nurses in our Nation. With the interest and energies of many of you, I know that each of the topics identified in last month's strategic issues conference are moving forward to resolution. Please know that I greatly appreciate your willingness to contribute to the future of Army Nursing!

During March, I traveled to Fort Gordon for an electronic medical record summit attended by the majority of the General Officers of the AMEDD. The work by our ANC officers was outstanding and clearly demonstrated our commitment to the success of CHCS2 implementation. This electronic medical record requires we rethink the way we do the business of health care—how we interact with the patients, how information is documented, reviewed, how we provide patient education, and how we include the patient in their plan of care. Some of you have already implemented CHCS2 in your daily work plan for outpatient care, the rest of you will develop the expertise to utilize this program over the next year—but the most exciting piece is that no matter where in the world we are—all our medical history and information becomes available for decision making and maximizing patient health. The AMEDD is improving this computerized process, so keep your thinking caps on and make the recommendations to assist us in fine-tuning this effort!

While at Fort Gordon, I had the opportunity to visit with our ANC colleagues there and was delighted with their willingness to engage and challenge the way we think about deployments and stabilization. It was another example of the excellent, committed officers we have in our Corps!

I also had the opportunity to meet with the officers in the Basic Course who are entering our organization and were full of questions. The abilities that these officers bring, their understanding of the need for quarterly counseling and professional development were impressive. Then I met with the Captain's Career Course officers, they also exemplified committed, dynamic professionals and I enjoyed their questions and challenges. Every opportunity I have with the ANC just further strengthens my commitment to insure that every opportunity is available to maximize your potential in the Army.

Speaking of maximizing opportunity—the Ranger Course is now open to all Soldiers and the ANC will support you if you want to attend this course. We won't have unlimited slots—so everyone can't attend—but let us know if you want to pursue this new opportunity! Each time we send a highly motivated and capable nurse into the various venues across the Army, we demonstrate the capability and dedication of the ANC—so go after it, if that challenge fires you up!

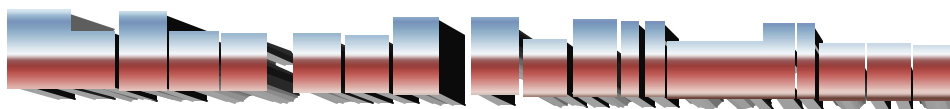
We are beginning to change the responsibility of ANC officers in the AMEDD's Officer Development Plan session that occurs each December to assign physicians for the upcoming summer cycle. Now the ANC consultants and their physician consultant colleagues will work the assignment requirements together to insure the right mix of officers exist to

maximize the AMEDD's ability to provide patient care and sustainment of clinical skills. Stay in touch with your respective consultants so they have your perspective as we work assignments and develop strategy in concert with the Medical Corps.

I'll ask again that you reach out to one another as we return from deployments and are feeling the pain of caring for our Soldiers. Making ourselves available for one another will make the difference as we work through the challenges of war and trauma care. If we can't care for one another, I question our ability to care for the troops who depend upon us. Be there for one another! GSP

### **Article Submissions for the ANC Newsletter**

The ANC Newsletter is published monthly to convey information and items of interest to all Army Nurse Corps Officers. If you have an item that you feel would be of interest to your fellow ANCs please e-mail article to [MAJ Eric Lewis](#). The deadline for submission is the third week of every month. All Officers are eligible to submit items for publication. We reserve the right to review and edit any item submitted for publication.



Announcing the 2005 Army Nurse Corps Association (ANCA) Advance Military Practice Award winner: This annual award honors a field grade Army Nurse Corps (ANC) officer (except Colonel) who has contributed significantly to the practice of nursing, and enhanced the image of the ANC within the previous two years. A three to five member board of active, reserve and national guard nurses determines the winner after voting for nominees in four separate areas: Contribution, Impact, Coordination and Leadership. Individuals selected as recipients of the award receive a medallion provided by ANCA and a congratulatory note and coin from the Chief of the Army Nurse Corps. This year's nominees included: **LTC Elizabeth Bowie**, LRMC; **LTC Nancy Hughes**, TAMC; **LTC Joan Lancaster**, WBAMC; **LTC Caterina Lasome**, TAMC; **MAJ Curtis Aberle**, BAMC; **MAJ Carlton Brown**, WRAMC; **MAJ Lori Fritz**, Phase II CRNA TAMC; **MAJ Karen Hutchins**, AMEDDC&S; **MAJ Andrew Powell**, Ft Jackson; **MAJ Argartha Russell**, 75<sup>th</sup> CSH; **MAJ Frances Sinnema**, 396<sup>th</sup> CSH and **LTC Kimberly Armstrong**, BAMC. This year's award winner is LTC Kimberly Armstrong.

LTC Armstrong, assigned as Chief, BAMC Competency Division in 2003, ensured competency assessment of all hospital personnel, developed over 350 competency assessment tools, was featured in the newsletter Competency Management Advisor, guest lectured at several national conferences including the National Association for Health Care Quality, and posted her competency assessment tools to a website used by over 3600 personnel in its first three months. Moved to the AMEDD C&S in 2004, LTC Armstrong oversees the Head Nurse Leadership Development Course, Officer Basic, Officer Advanced, and Hospital Educator's Courses. She is responsible for five of the ANC's AOC/ASI courses. Based upon lessons learned from OEF/OIF, LTC Armstrong has revised the AN track of the Officer Basic Course which now includes sessions on combat stress as well as trauma and burn nursing. LTC Armstrong successfully implemented the web-based Essentials of Critical Care Orientation Course, providing access to critical care training for 3,000 nurses. LTC Armstrong is certified in Advanced Burn Life Support and Trauma Nursing and maintains membership in the Oncology Nursing Society and Sigma Theta Tau.



LTC Armstrong earns the ANCA Advance Military Practice Award. From left to right: COL Barbara Bruno, Deputy Chief, ANC, Ms. Doris M. Cobb, 1st ANCA President (1976-1978), LTC Kimberly Armstrong, Chief, ANC Professional Development Branch, COL Patricia Patrician, Chief, Department of Nursing Science

Showcasing Army Nurse Corps achievement is our most recent inductees of the Order of Military Medical Merit from the Army Medical Department Center and School (AMEDD C&S): **LTC Susan Anderson**, Department of Nursing Science (DNS); **LTC Tom Ceremuga**, Anesthesia Branch, DNS, **LTC Joseph Paulino**, OR Branch, DNS and **LTC Caron Wilbur**, Department of Combat Medic Training.



*AMEDDC&S Staff Inducted into the Order of Military Medical Merit. From left to right: LTC Susan Anderson, DNS; LTC Tom Ceremuga, Anesthesia Branch, DNS; LTC Joseph Paulino, OR Branch, DNS; and LTC Caron Wilbur*

Among her many other talents, **MAJ Frankie Evans**, AN, CNOR, Director, Perioperative Nursing Course Walter Reed Army Medical Center, shows her artistic side winning the MEDCOM Journalism Stringer Award for Photography. Below is her award winning photograph.



Congratulations to **COL Patricia Patrician**, Chief, Department of Nursing Science, Academy of Health Science, AMEDD C&S, Ft Sam Houston for her recent article, "Single-item graphic representational scales" published in the Sep/Oct edition of Nursing Research. The citation is: Patrician, P.A. (2004). Single-item graphic representational scales. Nursing Research, 53(5), 347-352.

Congratulations to **LTC Joseph B. Warren**, CWOCN, AN, USAR, Chief, Wound and Ostomy Service, Brooke Army Medical Center, Fort Sam Houston, Texas; **Darlene M. Gilcreast**, PhD, RN, CDE, LTC(Ret), AN, Assistant Professor, University of Texas Health Science Center at San Antonio and **Linda H. Yoder**, PhD, RN, AOCN, COL(Ret), AN, FAAN, Associate Professor, Uniformed Services University of the Health Sciences, Bethesda, Md., for their recent article "Research comparing three heel ulcer-prevention devices" published this month in the Journal of Wound, Ostomy Continence Nursing on the prevention of heel ulcers. It is a report on research done at Brooke Army Medical Center.

Congratulations to **MAJ Sara Sproat** and **MAJ Rebecca Kitzmiller** for their recent article publications, "A collaborative framework for implementing software applications in healthcare." International Journal of Medical Informatics, (in press) and "Adopting Best Practices: "Agility" moves from Software Development to Healthcare Project Management." CIN: Computers, Informatics, Nursing, (in press).



When you see the following Soldiers, congratulate them on their new promotions to **Major!!**



ALLISON HERMAN	GILBERT SUSAN	NUNEZ JOSE
ARNOLD ROBERT	GLENN JANET	OLIVER RONALD
ATKINSON PACITA	GORDON JOHN	OZGUC OMER
AYERS ERIKA	GRAHAM STEVEN	PALM KEITH
BANNON JENNIFER	GUIRAND PASCALE	PERSONS BRENT
BEAUMONT DENISE	HAIRSTON TYKISE	RAINEY UN YONG
BIEBER KIRK	HANN GREGORY	RAJSKI VINA
BIVENS AVA	HARKIN ANTHONY	RALPH JANE
BROWN CHRISTIE	HARTLEY PATRICK	REAVEY TARA
BRYANT PEGGY	HASKINS SHELLEY	REILLY BARBARA
BURK JAMES	HERROLD ROBERT	RIGOT JAMES
CARR KATE	HINZE WILFRED	RIVERA CHRISTOPHER
CASTEEL SHEILA	HUNLEY JAMES	RIVERS FELECIA
CHRISTEN EUGENE	HUTTON BRADLEY	ROBERTS ANDREA
CHURCH MELINDA	JARRELL MICHELLE	ROBISON RICCI
CLAGG SHERMAN	JENKINS CONSTANCE	ROGERS DOUGLAS
CLAPPER GILBERT	JONES CHERYL	ROSCA ERICSON
CONDELUCI MARY	KANE BARBARA	ROSSIELLO MARGUERI
COOPERSMITH AMY	KENT JR ROBERT	ROWE SONYA
COYNER JENNIFER	KINDLE STEVEN	RUIZ EDITHA
CUSICK WARREN	LADD ROBERT	RUIZ EDWARD
DARGIS JULIE	LADICH ELAINE	SCHUSTER JAY
DAVIS ROBERT	LENZMEIER BRIAN	SERNA TOMAS
DEJESUSMARTINEZ JU	LEONARD ANTHONY	SMITH BROCK
DENKINS DANNY	LOGAN JEFF	SPEARS TARA
DESANTIS LAURIE	LOVE CHERYL	STARR ANN
DOMER CHRISTOPHER	MANIULIT EDWIN	STICH JOHN
DOTY DAVID	MARCHALK CHERYLL	SWINFORD ROBERT
EICHELBERGER COREY	MARCUM FRED	TAYLOR KELLY
ELLIOTT AARON	MATTSON DANIEL	THOMAS JAMIE
ENDRES MICHAEL	MAYER TAMMY	THOMAS MICHAEL
FARLEY DAVID	MEEKINS ALAN	THOMPSON TROY
FAZEKAS DAVID	MELVIN JOHN	TRUDO CHARLES
FELIX MONNICA	MERCADO ZENON	TRUE CYBIL
FLORES JESUS	MILLER VINCENT	TRUEBLOOD JESSICA
FREEMAN JULIE	MONTGOMERY CHERYL	TURLINGTON CHRISTI
FROST KATHERINE	MOORE ANGELO	TURNER DENNIS
GAINOK JANA	MORTON RICHARD	VANEK ADAM
GARTUNG SUSAN	NOHRENBURG JANA	VERNON MARY

VINING JOHN  
VINSON ELIZABETH  
VONDRUSKA KRISTEN  
WALKER MARVETTA  
WATKINS MIKO  
WEICHART THOMAS

WEIDLICH CHRISTOPH  
WEISGRAM BRIAN  
WHITFIELD RHONDA  
WILCOX RYAN  
WILEY JENNIFER  
WILHITE VAUGHN

WILLIAMS ANGELA  
WILSON FAYE  
WILSON JOE  
WINDISCH MERYIA  
ZUNIGA HEATHER

## *News from the Office of the Army Nurse Corps*

The latest resource released on AKO is the Army Mentorship Resource Center. This is a tool we can all use. It contains valuable information on policies, regulations, guidance, and additional links of interest. Check it out at <http://www.armyg1.army.mil/hr/MRC.asp>

We are still pushing the use of the ANC website on AKO. This page is the beginning of a knowledge management transformation to more effectively communicate with all members of the Corps. It will also provide career development, education opportunities, and information sharing. We will be developing AOC specific community pages to provide more detailed information for each of our nursing specialties. MAJ Eric Lewis manages the Corps Chief's Office Web initiatives please contact him with any ideas at <mailto:Eric.Lewis@amedd.army.mil>.

### **Directions to access and create a shortcut to the ANC AKO Homepage**

We have created a PowerPoint presentation on how to access and create a shortcut to the ANC page from your AKO page. You can copy the URL, <https://www.us.army.mil/suite/doc/1329577>, and paste it into your web browser. You will be prompted to log onto AKO. Once you have logged in, please be patient as the page is loaded (may take a minute.) You will then be prompted to subscribe to the knowledge center where the presentation is located. After you have subscribed, the download prompt will pop-up, giving you the choice of opening or saving the presentation to your hard drive. If you are not given the download prompt after subscribing, relick on the link (sometimes the subscription takes a few seconds to take place). If you have already subscribed to the ANC homepage you can access it directly through this url: <https://www.us.army.mil/suite/page/130190>

## *News from USAREC*

**Recruiting for the Future:** Here are two national nursing conventions that convene the next few months, both in New Orleans; Louisiana, American Association of Critical Care Nurses: 7-12 May 2005 and Academy of Medical-Surgical Nurses: 22-25 September 2005. If you plan on attending any of these conventions and you're looking for a way to contribute to the future of the Army Nurse Corps, then drop by the Army of One exhibit and spend 30 minutes sharing your experience with potential applicants! Take the time to talk to someone interested in learning more about a career as an Army nurse!!

COL Ann Richardson, Chief, ANC Branch, U.S. Army Recruiting Command

### **Summary of Active/Reserve Nurse Incentives**

#### **Active Duty Incentives for FY05:**

FY05 brings great news for active duty incentives! The nurse accession bonus is now \$15,000, which incurs a 4-year active duty service obligation (ADSO). The Health Professions Loan Repayment Program (HPLRP) has gone up to \$29,323 for one year of educational loan repayment. The ADSO for this incentive is 3 years. For individuals who opt for both the accession bonus and loan repayment, the accession bonus is \$8000. Loan repayment is the same for this option which incurs a 6-year ADSO.

#### **USAR Incentives for FY05:**

**Healthcare Professional Bonus Program (HPB):** Individuals contracting for HPB will receive \$5000 or \$10,000 per year, depending on their specialty and must serve in a \*TPU, \*IMA or \*NAAD unit.

\$30,000 (10K x 3 years)- Nurse Anesthetists (66F)



\$15,000 (5K x 3 years)- Medical-Surgical (66H)- must be BSN  
 Critical Care (66H8A)  
 Perioperative (66E)  
 Psychiatric (66C)

**Specialized Training Assistance Program (STRAP):** This program is available for 66H8A and 66F students enrolled in accredited MSN programs. Students receive a monthly stipend of \$1,235 and are assigned to the NAAD while enrolled in school. There is a one-year obligation in the USAR for each 6 months of financial assistance. Upon completion of stipend phase, STRAP recipients will be assigned to a TPU or IMA position in appropriate AOC.

**Healthcare Professionals Loan Repayment Program (HPLR):** Individuals contracting for HPLR can receive up to \$50,000 for educational loans. The maximum allowable yearly payment is \$20,000. Total program repayments for three years will not exceed the maximum payment of \$50,000 (20K, 20K, 10K).

Eligible specialties include the following: Medical-Surgical (66H)  
 Critical Care (66H8A)  
 Perioperative (66E)  
 Psychiatric (66C)  
 Nurse Anesthetists (66F)

Payments are made to the educational/financial institution. Individuals must serve in a TPU, IMA or NAAD unit.

\*TPU- Troop Program Unit

\*IMA- Individual Mobilization Augmentee

\*NAAD- National AMEDD Augmentation Detachment

---

## *News from Around the Army Nurse Corps and the World*

---

### ***USNS Mercy Mission Report: Tsunami Relief at Banda Aceh, Email From Mike Yates, USAISR, Ft Sam Houston***

Dr Yoder, COL Young et al- It is 0100 hrs on Tuesday, 15 March here off the coast of Banda Aceh, Indonesia.

The travel time to get to aboard the Mercy was 27 hours counting the 2 hr C-130 flight from Singapore to Banda Aceh and 30 minute helicopter flight from Banda Aceh to the flight deck of the Mercy. The Mercy is a converted oil tanker over 920 feet in length and has 12 operating room and bed space for up to 1,000 patients.

For this humanitarian mission the Mercy does not dock in Banda Aceh. During the day She sails 3-5 miles off the coast and helicopters bring the patients from shore hospitals to the Mercy. For maintenance and security reasons at night, we sail 25-30 miles off shore. One of the things we learned the first day was secure/ tie down anything that can roll because once the sea start to have swells all the IV poles go rolling around the ward.

I am working on different inpatient wards as a medical/surgical nurse. There is a US Public Health Service team doing mental health site visit ashore. Many of our patients have fractures from the Tsunami and are now having surgery to correct injuries from 2 1/2 months ago. The patients we have aboard ship are poor. Many live a very basic lives in the displacement camps. All of our patients have a family member or relative as an escort. None of our patients speak English so each ward has 1-2 translators.

Two nights ago I spent much time speaking, via translator, to the mother of one of our patients. The patient is a 22 yo female who had a non Tsunami related tumor removed from her skull which was putting pressure on the optic nerve in her right eye. (She (patient) was already blind in her left eye). The mother said that her husband, the patient's father, had drowned in the tsunami. The mother has 5 other, younger children still in the displacement camp but felt she had to travel with the daughter who is blind to get her to the Mercy, if at all possible, because there was no chance of surgery in the displacement camp.

The mother is not able to read or write. The husband, a fisherman, was the sole provider for the family and their home was completely destroyed by the tsunami. The mother does not know where she will live when the displacement camp closes. The Mercy staff is able to find a place for the patient in the local military hospital since the Red Cross Hospital is full of tsunami

victims so the mother will at least be able to leave her daughter in a hospital while she goes to check on the other 5 children. Her story is just one of many thousands on shore.

The need is overwhelming but at least we are able to help our patients aboard ship and especially this one mother and patient. Saturday we found out one of my patients has typhoid so I'm glad I had my shot. Also a patient in ICU was flown right from ICU back to a shore hospital since she had active TB and we could not provide isolation on the regular patient care wards.

Yesterday I had a "day off" from working on the patient care wards but I volunteered to work in the galley for the evening meal. Four other Project Hope staff and I did dishwashing duties where we collected all the cups, plates and silverware and ran them through this huge steam cleaner and sent them back out to the serving line. It was a fun experience to do something different aboard ship plus it gave some of the regular crew, most are kids 18-22 years old, a break since they sometimes work 14 hr shifts in the galley area.

We will be sending the final patients back to shore hospitals on Wednesday, 16 March, then the Mercy sails for Singapore to dock there on 18 March and we fly back 21/22 March

Hope you all are well in the States. Regards, Mike Yates.

#### **Prior ANC PA Dies Caring for Troops by Rowdy Anthony CPT, AN, EMT, 86<sup>th</sup> CSH, Baghdad, Iraq**

Recently, the Army Medical Department lost an outstanding officer and clinician, and I lost a close friend. Captain Sean Grimes, the Physician Assistant for 1-9 INF(m), 2<sup>nd</sup> BCT, 2ID was killed on 04 Mar 05 when his patrol was attacked with an Improvised Explosive Device near Ramadi, Iraq.

Sean exemplified the soldier's creed. His purpose in "Army" life was to serve other soldiers as a soldier himself. He first did this as a medic in the Army Reserves. Then, in 1997, Sean graduated from Michigan State University with his B.S.N. and was commissioned a Second Lieutenant in the Army Nurse Corps. Sean and I served together in Germany, assigned to the 212<sup>th</sup> MASH, as well as working the Emergency Department at Landstuhl Regional Medical Center. We worked many night shifts together where Sean showed his acumen as a clinician. He was brilliant! Additionally, his personality and sense of humor always made working fun.

Serving soldiers in a MEDDAC or MEDCEN was never enough for Sean. He always said he wanted to be "in the dirt with the troops." Whether we were in a field training exercise, or acting as Observer Controllers for units going downrange, the field environment is where Sean was at home. He was always looking out for his soldiers, discussing at length their educational goals, families, or encouraging them to begin IRA investments for life after the Army. Sean felt the best way to continue serving soldiers in the soldier environment was becoming a physician assistant.

We continued to keep in touch as Sean was in the Interservice Physician Assistant Program at Fort Sam Houston, TX and Fort Campbell, KY. He thoroughly enjoyed his physician assistant training, and eagerly anticipated assignment. He completed Air Assault while at Fort Campbell, then the Flight Surgeon's course at Fort Rucker en route to Korea. After nearly a year in Korea, Sean was anticipating returning to an assignment with 3ID at Fort Stewart, but they had just returned from OIF 1. An opportunity presented for Sean to deploy with 2ID from Korea and he took it.

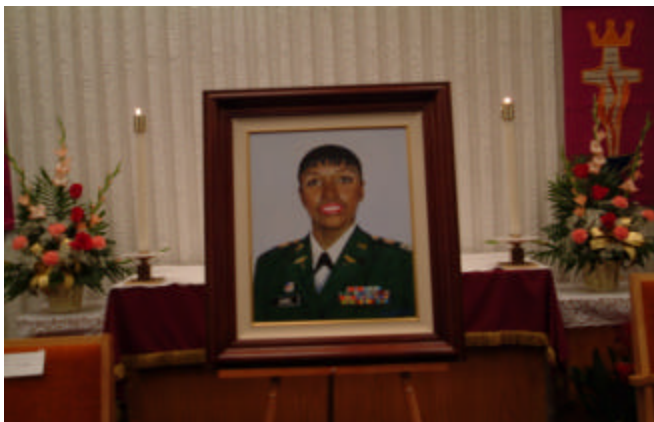
The last communication many of Sean's friends received from him conveyed how well he was doing and the fun he was having with his troops. Sean is missed by all of his friends and every soldier whose life he touched.

#### **WBAMC ICU Dedicated to Fallen Comrade by LTC Joan Lancaster, WBAMC**

On March 7<sup>th</sup> 2005, the William Beaumont Army Medical Center Intensive and Intermediate Care Unit was dedicated to the memory and service of CPT Gussie M. Jones, Army Nurse Corps. CPT Jones died on 7 March 2004 of a pulmonary embolism while serving as a critical care nurse with the 31<sup>st</sup> Combat Support Hospital (CSH), Baghdad, Iraq. She was an accomplished military officer and professional nurse, whose rare quality of kindness and compassion demonstrated on a daily basis how one single individual can make a difference in the lives of many.

CPT Jones was born on December 11, 1962 in a small town outside of Raleigh, Arkansas. Both her mother and father passed away when she was a child. Through hard work and perseverance, in 1986 CPT Jones obtained a Bachelor of Arts in Business

Administration from Arkansas University Central. Committed to serving her country, CPT Jones began her Army career in 1988 as an enlisted soldier. She primarily worked as a personnel clerk and obtained the rank of E-5. Setting herself apart from her peers, CPT Jones was selected for the Army Enlisted Commissioning Program and obtained a Bachelor of Science in Nursing from Syracuse University in 1998.



CPT Jones began her career as an Army Nurse Corps Officer on Sept, 2 1998 at Brooke Army Medical Center. Devoted to nursing professional development, in 2002 CPT Jones attended the Critical Care Nursing Course and following successful completion of the course, she was assigned to the ICU at William Beaumont Army Medical Center. CPT Jones was committed to clinical excellence and played a pivotal role in the WBAMC intensive care unit's most recent Joint Commission on Accreditation of Healthcare Organization survey. She was a devoted preceptor and clinical resource to the Intensive Care Unit staff. Her leadership abilities set her above her peers and in November 2003 she was selected to attend the CJ Reddy Leadership Conference.

CPT Jones was assigned as a PROFIS nurse to the 31<sup>st</sup> CSH and in January 2004 she deployed in support of Operation Iraqi Freedom. Her initial assignment with the 31<sup>st</sup> CSH was as a critical care nurse, Hospital Unit, Balad, Iraq. Always dedicated to duty, in February 2004, she volunteered to provide support to the Hospital Unit in Baghdad which was experiencing significant staffing shortages. At the time of her death, CPT Jones had completed 15 years of outstanding devoted service to the United States Army. She was a highly decorated officer, whose awards included a Bronze Star, the JSCM, the ARCOM (4OLC), the AAM (3), the AGCM (3), the NDSM (2), the GWOTEM, the GWOTSM, the GWNOPDR (2), the ASR, and the OSR.

Immediately upon hearing of her death, staff from throughout William Beaumont Army Medical Center, began to ask about how CPT Jones' life and service to her country could be honored. For the staff that knew and worked with her, her influence and spirit remained a strong and continued presence in the ICU. It seemed natural to them that the ICU should be the place designated in her honor, where her dedication to duty could always be remembered. In August, 2004, permission was received from MG Michael A. Vane, Commanding General, United States Army Air Defense Artillery Center and Ft. Bliss, to name the William Beaumont Army Medical Center Intensive and Intermediate Care Unit in honor of CPT Jones.

Preparation for the dedication ceremony began in October 2004. Fund raising events were held to raise the necessary funds to cover the costs of commissioning a 16 X 23 oil portrait of CPT Jones and the ceremony reception. Funds were also raised to cover the costs of lodging for CPT Jones' siblings and their families who wanted to attend the ceremony. Over the course of 4 months, staff from throughout the Department of Nursing and members of the Junior Officer's Council collected donations, held hospital bake sales and sold hot dogs, hamburgers, snacks and cokes at the Ft. Bliss, Soldier Readiness Program (SRP) site to raise the necessary funds.

The ceremony, held in the WBAMC Chapel on the 1<sup>st</sup> anniversary of CPT Jones' death, was an emotional service attended by more than 100 of CPT Jones' friends, co-workers and fellow Soldiers, as well as 15 of CPT Jones' immediate family members, to include six of her seven siblings. Family members and friends traveled from Arkansas, Oklahoma and Eastern Texas to attend. Only CPT Jones' older brother, SSG Van Jones, whose unit is currently on deployment to Iraq, was unable to attend.





In his opening comments, COL James J. Leech, WBAMC Commander, thanked CPT Jones' family for her service to the nation and especially for her service and compassion to the Beaumont patients and staff. As the ceremony's guest speaker, MG Gale S. Pollock, Chief, United States Army Nurse Corps, remembered that nurses have taken care of fallen comrades since the Revolutionary War. She went on to say that "critical care nursing is demanding, not only because of the technical requirements, but also because critical care nurses see the fear and pain of wounded Soldiers. As a nurse, CPT Jones was compassionate, had commitment and knew that the job of an Army Nurse was extremely difficult. It is great the Beaumont staff recognize CPT Jones contributions". LTC Thomas Yarber, Chief Nurse, 31<sup>st</sup> CSH, who spoke on behalf of CPT Jones' service while in Iraq, called CPT Jones "an angel walking here on earth, always willing to provide care to those in need regardless of their status".

The ceremony ended with the unveiling of CPT Jones' portrait, a reading of the Prayer of the Army Nurse, and a reading of a bible verse CPT Jones carried with her on her dog tags when she deployed to Iraq. The bible verse, Joshua 1:9 says "I will be strong and courageous; I will not be terrified or discouraged; for the Lord my God is with me wherever I go". CPT Jones' portrait, along with her biography and a dedication plaque which includes the bible verse Joshua 1:9, hangs now in the WBAMC Intensive and Intermediate Care Unit. These things not only mark the dedication of the unit in CPT Jones' honor, and but serve as a daily inspiration to all those who knew her and admired her, as well as those who will follow in her foot steps.

### ***How to Assist Our Newest Graduate Nurses Transition by CPT Marguerite Rossiello, 1st Brigade Nurse Counselor***

Spring is upon us. Along with the April showers and May flowers, nursing students are graduating from their BSN programs and are scheduling their NCLEX exams. 130 of the ROTC nursing cadets will be sitting in the July and September OBC seats preparing for life as an Army Nurse. Nine weeks from the start of OBC, you will see these wide-eyed, motivated young nurses enter through your hospital doors.

Graduating from nursing school can be an exciting time, but it likely comes with some anxiety as graduates wonder if what they learned in the classroom and in clinical will transfer smoothly into their roles as full fledged nurses. The students are most appreciative to know the Army Nurse Corps offers a 8-12 week preceptor program which provides them with an opportunity to jump start their careers while gaining the on the job training they need to be successful officers in the US Army. CDT Davila from Norwich University will be graduating this May shared her feelings about being an ANC Officer. "I am really excited about becoming a nurse. I am not only excited about learning new skills and caring for patients but I am eager to see what I have really learned these past four years as a nursing student. I hope that my prior medical experience as a corpsman in the Navy along with the knowledge that I have gained while at school will provide me with a strong base for my new and upcoming profession as an Army nurse."

Do you remember the challenge of making the transition from school to your first job as a graduate nurse? Some researchers believe critical thinking skills may not emerge until after age 25. This means many of the new graduates will not have well

developed critical thinking skills when they first enter your wards/units. How can we, as experienced nurses, provide the environment that will help them develop those skills?

First, encourage the new graduate to ask questions, but remember when a question is asked try not to respond with, “Don’t you know that” or “Didn’t you learn that in school?” These remarks send the message, “if you ask a question, you must be incompetent.” The new graduate may stop asking!

Second, send the message that mistakes do not equal failure. The new graduate may make mistakes, yet mistakes are part of the learning process.

Please remember when you are working with the new graduates to try and provide the best environment possible for growth. Congratulations to all preceptors who have volunteered to mentor these young nursing Lieutenants. Chances are you may learn from these new nurses as much as you will teach them.

---

## *New Sigma Theta Tau Chapter*

---

Tau Theta Chapter, based at the Uniformed Services University of the Health Sciences, would like to extend an invitation to Army Nurse Corps officers, nurses in other federal and military services, and DOD/DOA nurses to become a member of one of the newest chapters of Sigma Theta Tau International Honor Society of Nursing. Tau Theta is the first Federal Chapter of Sigma Theta Tau International Honor Society of Nursing. Membership in Sigma Theta Tau is the hallmark of the committed nursing professional, offering great rewards in terms of potential funding of nursing research, networking with professional colleagues and professional advancement. Tau Theta welcomes transfer, dual, or new members into the chapter.

Our new chapter is the first to offer exciting networking opportunities for federal and military nurse researchers across the country, and to indeed link our mutual interests in military and federal healthcare through the first ever “virtual” as well as university-based chapter. Using Blackboard technology, members are connected worldwide for scholarship and networking and linked to activities within the chapter! Chapter officers, committee chairs, and members are virtually connected for active participation across geographical separations. Previously a nursing honor society since 1999, Tau Theta currently has over 190 members in the chapter to include students, faculty, alumni and senior nursing community leaders. The chapter will be sponsoring an annual Graduate School of Nursing Research Colloquium at USU and will be hosting the 2006 Chesapeake Research Consortium meeting. Annually, Tau Theta hosts two combined business and program meetings and at least one induction. Future plans include supporting an annual peer-reviewed research conference and jointly sponsored research colloquia with our military and federal colleagues.

To join the chapter, please access the membership section directly on the Sigma Theta Tau website (<http://www.nursingsociety.org/>). For new members, annual national dues are \$55 and Tau Theta dues are \$35 annually. Dues may be paid through the Sigma website for dual and transfer members. If you would like to join as a nurse community leader, please complete the membership intent form, have two colleagues complete the endorsement forms, and send these forms and the dues to Tau Theta, 20203 Goshen Rd, #294, Gaithersburg, MD 20879. Please address any questions to the current president, LTC (Ret) Janice Agazio at [Janice.agazio@us.army.mil](mailto:Janice.agazio@us.army.mil) or [janicebga@aol.com](mailto:janicebga@aol.com)

Tau Theta welcomes you! Let’s work together to fulfill the vision of Sigma and exploit the unique position of our chapter, Tau Theta, to foster nursing research and linkages between our federal and military colleagues and with the global community of nursing scholars!

## **ODE TO AN ARMY NURSE®**

You are a nurse, a soldier and a leader  
 You may be a wife, a husband, a mother, or a father,  
 A son, a daughter, a brother or a sister,  
 A friend, a neighbor, a mentor or a colleague.  
 Whatever you do, you do it all with glee.

In health or in illness  
 At the frontlines<sup>1</sup>  
 Or behind the scenes  
 You are always there – The Nurse, The Soldier, The Leader.

In today’s world of machinery and futuristic technology

In conflict or in peace

You graciously embrace the winds of change which can come so abruptly.

And despite the abundance of modern medical gadgetry  
Your inspiring words and caring hands, often heal  
The emotionally scarred or physically wounded.

Your country's call to serve you bravely answered  
Knowing that home could be a tent in the woods or the desert.

Change of duty is a frequent and regular occurrence,

And at times you must leave your Precious Ones behind.  
When your orders come, you march onward with  
selflessness and pride.

On this special day you are remembered, by those

whose lives you have touched with care, concern and compassion.

They maybe in this great country, or in a faraway land,  
And may not know where in this world today you  
courageously stand,  
But surely they know that you are always there

-The Nurse, The Soldier, The Leader.  
©MAJ Illuminada Salvador Chinneth  
Fort Benning, Georgia  
November 20, 2004

<sup>1</sup> Theme for USA MEDDAC Fort Benning's 104<sup>th</sup> ANC  
Anniversary Celebration

---

## Call for Posters

---

### FEDERAL NURSING POSTER SESSION



## Call for Posters

*"AMSUS 2005: Joint Interoperability"*

The Federal Nursing Section Poster Session is sponsored by the Federal Nursing Service Chiefs and is dedicated to sharing professional nursing knowledge and improving the delivery of health care services. Registered nurses in the federal services and the American Red Cross are invited to submit a poster abstract for the Federal Nursing Section Poster Session to be held during the 111th Annual Meeting of the Association of Military Surgeons of the United States (AMSUS) in Nashville, Tennessee, October 30 through November 3. The poster session will be held Monday evening, 31 October 2005. The theme of the meeting is "AMSUS: Joint Interoperability".

**ABSTRACT SUBMISSION DEADLINE: 1 July 2005**

***This program runs concurrently with the Karen Rieder Nursing Research Poster Session. Research is not required.***

Below are some examples of topics which relate to the theme of the 2005 conference.

Joint Medical Training  
Innovative Clinical Practice Issues  
Joint Operational Exercises  
Joint Service Initiatives

Health Promotion  
Medical Readiness  
Pre-Deployment Issues  
Post Deployment Issues

Rehabilitation/Combat Casualties  
Treatment of PTSD  
Family/Community Re-Integration  
Multidisciplinary Approach to Care

---

### Requirements

---

\*The principal poster presenter must be a registered nurse in the federal service **or** the American Red Cross.

\* Posters must fit on a three by six feet bulletin board. Tables will not be provided.

\* Abstracts must be limited to two typed (12 font) pages. Abstracts longer than two pages will not be considered.

- \* Abstracts must include names, addresses, phone numbers, and e-mail addresses of all authors.
- \* Submit an original abstract in hard copy (NOT FAXED) or as an e-mail attachment in MS Word.
- \* Abstracts (hard copy or e-mail) must be received by **1 July 2005**.
- \* Abstracts must address the following: (1) The aims and objectives of the poster (2) the findings and/or implications for nursing.

---

***Selection of Abstracts for Presentation***

---

- \* Abstracts will be reviewed and selected by Federal Nursing Section representatives from each service.
- \* The selection committee will consider diversity of topics and exhibition space in making selections.
- \* Unless otherwise specified, the principal presenter on the abstract will be expected to present at the session.

**\*\*IF SELECTED, PRESENTERS MUST MAKE THEIR OWN FUNDING ARRANGEMENTS\*\***

Please submit an original abstract in hard copy or as e-mail attachment in MS Word to: CAPT Tina Joy, at [CJoy@us.med.navy.mil](mailto:CJoy@us.med.navy.mil), 202-762-3042, Office of the Director, Navy Nurse Corps, Bureau of Medicine and Surgery, 23 E. Street NW, Washington DC, 20372-5300.

**Notification of acceptance and further instructions will be sent no later than 29 July 2005.**

---

**Association of Military Surgeons of the United States (AMSUS)  
2005 Annual Awards Program - Two Nursing Awards**

So many individuals do outstanding work in their fields, yet are never recognized publicly for that work. This is your opportunity to see that recognition is given. **The Clinical Nursing Excellence Award** was established in 1989, to recognize and honor accomplishments and work performance in clinical nursing. Any professional nurse whose current active duty assignment is in clinical practice in the Federal Nursing Services is eligible to compete. (No person is eligible for a second award.) All nominees must be AMSUS members or eligible for membership. A plaque and monetary award are presented.

**Required information:**

1. Cover letter explaining why you feel the individual deserves the award.
2. A curriculum vitae for the individual nominated.
3. A listing of the individual's publications, awards, honors, and other professional accomplishments.
4. A short, one-line citation suitable for use on a plaque or scroll.
5. Any supporting letters from other individuals.

**The recipient should be one who:**

1. Evidences resourcefulness and dedication in helping to accomplish the mission of the Federal Health Agency;
2. Demonstrates professional and technical skills and competence raising the quality of nursing;
3. Shows evidence of exceptional ability to apply nursing standards of practice;
4. Remains involved in continuing education as a participant, organizer or sponsor;
5. Is of such excellence as to merit AMSUS recognition.

Remember, individuals on the award committee probably do not know anything about the person being nominated. The only way they can make a decision is by reading the material you send.

Send one original and six copies of the entire nomination package. The packet must include the full name and address of the nominated individual and the individual nominating. No facsimile submissions will be reviewed.

**The Federal Nursing Services Essay Award** is an essay award submission sent directly by the author. This award is presented to a professional nurse from the Federal Nursing Services who has submitted an essay on the results of a study or a scholarly paper that would have an impact on nursing.

**Subject material may pertain to:**

1. A report of a collaborative study;
2. Testing models;
3. Changing or improvements of nursing standards;
4. Implementation and evaluation of quality assurance programs; replicating studies;

---

5. Client and staff education and/or evaluation of continuing education.

The essay must be an original work, have not been published previously, and not be in the process of being considered for publication elsewhere. If it is a research study, the work must have been undertaken within the past five (5) years. All nominees must be AMSUS members or eligible for membership. A plaque and monetary award will be presented. The original manuscript and ten (10) copies are requested for review. Nominees will be required to submit materials for continuing education credit, including behavioral objectives suitable for presentation and curriculum vitae. Upon receipt of the essay submission, AMSUS will forward the appropriate material.

**Deadline for both awards: 30 June 2005 (postmarked)**

**Deliver to: AMSUS Awards, 9320 Old Georgetown Road, Bethesda, MD 20814**

Award winners will be notified by mid-August and invited to attend the Association's Annual Dinner on 3 November 2005 in Nashville, TN.

---

**SEVENTEENTH ANNUAL  
KAREN A. RIEDER NURSING RESEARCH POSTER SESSION  
CALL FOR ABSTRACTS**

The Karen A. Rieder Nursing Research Poster Session is sponsored by the Navy Nurse Corps and is dedicated to sharing professional nursing research findings. Registered nurses in the federal services and the American Red Cross are invited to submit abstracts for the Sixteenth Annual Karen A. Rieder Nursing Research Poster Session to be held during the 111th Annual Meeting of the Association of Military Surgeons of the United States (AMSUS) in Nashville, Tennessee, 30 October - 03 November 2005. The poster session will be held Monday evening, 31 October 2005. The overall theme for this year's AMSUS meeting is "Joint Interoperability".

**Requirements**

- \* The principal investigator must be a registered nurse in the federal service or the American Red Cross.
- \* The research must have been initiated and/or completed within the past five years.
- \* Abstracts must be limited to two typed pages. Abstracts longer than two pages will not be considered.
- \* Studies involving human subjects or animals may be required to have an Institutional Review Board (IRB) Approval number. Funding sources should be noted on the abstract and poster (i.e. TSNRP, ANF, SST).
- \* Abstracts must include names, addresses, phone numbers, and e-mail addresses of all authors/investigators.
- \* Posters must fit on a bulletin board, approximately three feet by six feet (which will be provided for your use).
- \* Tables will not be provided.
- \* **Submit an original abstract as an E-mail attachment in MS Word.** (Faxed abstracts will not be accepted.)
- \* Abstracts must be received by the deadline: **01 July 2005.**
- \* Abstracts must address the following:
  - Aims/objectives of the study, including hypotheses or research questions
  - Theoretical framework (if applicable)
  - Research design, methods, and statistical analysis
  - Study findings and implications for nursing

**Selection of Abstracts for Presentation**

- \* Abstracts will be reviewed and selected by a committee of Nurse Researchers.
  - \* The selection committee will consider diversity of topics and exhibition space in making selections.
  - \* All accepted abstracts will be reproduced in a "book of abstracts".
  - \* At least one of the study authors must be present at the session, Monday, 31 October 2005.
- 

***ABSTRACT SUBMISSION DEADLINE: 01 July 2005***

---



**Please submit an original abstract as an E-mail attachment (MS Word) to:**

Patricia Kelley, DNSc.  
CDR, NC, USN  
Executive Director, TSNRP  
4301 Jones Bridge Road  
Bethesda, Maryland. 20814  
Email: pakelley@usuhs.mil

**For further information please contact:**

CDR Patricia Kelley NC, USN  
Phone: 301-295-7077  
Email: pakelley@usuhs.mil

CAPT Civita Allard NC, USNR  
Phone: 315-792-5529  
Email: [callard98@hotmail.com](mailto:callard98@hotmail.com)

**Notification of acceptance and further instructions will be sent no later than 29 July 2005**

**\*\*IF SELECTED, PRESENTERS MUST MAKE THEIR OWN FUNDING ARRANGEMENTS\*\***

---

## *News From Human Resource Command*

---

**From the desk of the ANC Branch Chief**

Easter and Passover greetings to all of you this April as well as welcoming the arrival of warmer temperatures and April showers. The optempo remains frenetic at times as we continue to close out assignment issues for S05, get LTHET folks off to ACCC and their schools later in the summer as well as complete RFOs for this summer rotation. We also continue our aggressive pace of visiting MTFs with a visit to William Beaumont Army Medical Center later this month. A curve ball that we've had to work through this past month is the change in philosophy about approvals of Station Breaks (STABRAKs) here at Human Resource Command (HRC). This can and probably will affect assignments for S05. In past years, we have usually been able to get STABRAKs through for 24 and even 12 months if certain rationale supported bringing someone out of an assignment before 24-36 months (36 months being the "usual" operational target point for an assignment). Having planned on some career/assignment moves with that paradigm in mind; there is now the chance that some of these STABRAK requests may not get approved this FY. The immediate affect of this is that the officer may not be allowed to PCS till the next FY. The second order effect may be that the Chief Nurse waiting for the officer to arrive at their new duty station may not see that officer's arrival till the new FY, at the least. We'll continue to monitor this and I'll keep you and your Deputy Commanders for Nursing and TOE Chief Nurses in the loop of this evolving issue. Many thanks to everyone for your continued patience and support as Branch works very hard to coordinate assignments, resource Commanders and manage your military professional nursing careers. Endless thanks to all for their service and commitment to the AMEDD and our ANC.

**Roy A. Harris**  
COL, AN  
C, ANC Branch

**Ask Branch****1. What is the Exceptional Family Member Program (EFMP) and how does my membership impact on a PCS?**

The EFMP identifies military family members with physical, emotional, developmental, or intellectual impairments. The EFMP works with other military and civilian agencies to provide comprehensive and coordinated referral information for medical, educational, housing, transportation, community and personnel support. The EFMP enrollment is necessary to ensure services are available to provide required care at their next location.

Before HRC generates a request for orders (RFO), HRC coordinates with the EFMP Branch. HRC attempts to assign the Soldier to a location where the needs of the family can be met. HRC will not be able to complete the RFO until the EFMP Branch submits documentation as to whether or not services are available at the requested assignment. If you have family members

enrolled in the EFMP, then it is your responsibility to maintain their eligibility. A frequent delay in coordinating future assignments is expiration of EFMP. If a family member's EFMP enrollment is expired, the assessment process is halted until services and program enrollment are validated.

Enrollment in EFMP does not adversely affect selection for promotions, schools, or assignments. The program is designed to enhance a Soldier's ability to care for his or her family member. The EFMP enrollment is not released to selection boards.

## 2. Can I be released from the Army if I am pregnant?

**Reference:** Army Regulation 600-8-24, Officer Transfers and Discharges, Chapter 2, Section VI.

An officer who is pregnant may request to be released from active duty under Army Regulation 600-8-24, Officer Transfers and Discharges, Chapter 2, Section VI. IAW paragraph 2-13d, officers who receive commissions through funded programs, including AMEDD programs (USMA, ROTC scholarship programs) may not be released from active under this section until completion of their initial service obligation incurred through participation in such programs. Additionally, an officer serving under a contractual agreement for ISP, MASP, MSP, ANC accession bonus, or flight school, will not be released until completion of the service obligation.

IAW paragraph 2-13f of this section, if before release from active duty is accomplished a medical officer determines that a pregnancy has terminated for any reason, the authority for separation contained in this section no longer applies.

Officers may request a specific separation date. However, the separation approval authorities and the officer's physician will determine the separation date.

For more information on the Ask Branch column please contact MAJ LaShanda Cobbs at [cobbsl@hoffman.army.mil](mailto:cobbsl@hoffman.army.mil).

# DNS Newsletter added!!

## NEWS FROM THE DEPARTMENT OF NURSING SCIENCE (DNS)

Academy of Health Sciences

AMEDDC&S

CHIEF, COL PATRICIA A. PATRICIAN

NCOIC, MSG RONALD POLITE

(210) 221-8231

NOTE: Instead of sending out a separate DNS newsletter, it will be published quarterly as part of the AN Newsletter (in April, July, Oct and Jan). Of course, any very important news will be posted to the AN Newsletter as it occurs.

### MESSAGE FROM THE CHIEF, DNS

The motto of the Army Medical Department Center and School (AMEDDC&S) is "AMEDD Readiness Starts Here." Readiness means that we as Soldiers are competent and capable of carrying on our respective wartime missions. At the AMEDDC&S, readiness means not only that we prepare our student-Soldiers for their primary occupational specialty and/or additional skills, but also that we impart the skills they will need in war.

At no time in our Country's recent history is this more evident than now, as we continue to fight the Global War on Terrorism. Our AMEDD Soldiers are deploying to Iraq, Afghanistan, and other places throughout the world – and many shortly after their medical training. They are facing traumatically injured patients, many of them Iraqi Nationals, coalition forces, and detainees. Despite the horrors of war and the austere conditions, our AMEDD Soldiers are performing their missions admirably. We are extremely proud of the work they are doing!

At the Department of Nursing Science (DNS), we are ever mindful of these facts and we are using lessons learned from our deployed colleagues to improve training. Among our many initiatives of the past few months, we have incorporated trauma and burn care into the Army Nurse (AN) Corps Officer Basic Training Course. We added combat stress education to the AN Officer Advanced Course. We have focused on ethical treatment of detainees in many of our courses. In addition, we are in the process of incorporating components of Warrior Ethos Training into our programs to better prepare Soldiers for combat survival. We

changed our Licensed Practical Nurse (LPNs) Course curriculum to include critical care content to better reflect the job responsibilities of Army LPNs. The Anesthesia Nursing students are receiving more simulation experiences to better prepare them for combat anesthesia practice.

Balancing learning with Soldiering, our talented faculty and staff provide realistic training both here at the AMEDDC&S and at over 25 Phase II sites around the US. Our mission is clear: to prepare the men and women of the US Army Medical Department and other branches of federal service to care for our Soldiers, their families and others in peace time and in war. We are indeed proud to serve with and for our Nation's sons and daughters!

### **New Building**

The Department of Nursing Science has been working feverishly on plans for our new General Instruction Building that will house all four Branches of DNS (we are currently in three different locations around post and in San Antonio hotels). Working with professional architects, Corps of Engineer personnel, and others, we have the design about 30% complete. LTC Susan Anderson, the Deputy Chief, DNS, and the Branch Chiefs have done an incredible amount of work to ensure this building will be functional well into the future!

The plan is to break ground this fall and occupy the building by Summer 2007. We are thinking of naming the building for BG Lillian Dunlap, a former Corps Chief and native of San Antonio. If any of you have other ideas about the name, please let us know.

### **Compassion Fatigue Distance Learning (DL) Educational Program**

COL Bill Hartman, AN, Chief, Department of Training Support, AHS, announces the release of this DL CD. It is about 45 minutes long and is a good overview of compassion fatigue, how to recognize it, what can be done to resolve it. The CD is free. Please submit your order by an email message to [william.hartman@amedd.army.mil](mailto:william.hartman@amedd.army.mil).

### **Personnel Changes**

This month we are saying Farewell to our NCOIC, SFC Cunningham, who is retiring after 20 years of service and Welcome to our new NCIOC, MGS Ronald Polite.

### **Deployments**

LTC Susan Anderson and MAJ Brian Benham (Anesthesia Branch) are deploying soon to Afghanistan for a training mission. They will work with the Afghani Army to establish health care training programs. We wish them well! Hurry home!

ANESTHESIA BRANCH  
CHIEF, COL NORMA GARRETT  
NCOIC, SSG BONNER

The Anesthesia Phase I students have been busy with their research projects. The goal is to have their research requirements completed during Phase I, leaving more time for OR cases in Phase II. Their proposal defenses were attended by several guests to include Dean, COL Maness and CG, MG Weightman, both of whom were very impressed with the quality of their research projects.

Data collection is complete on 6 projects; one student group will be presenting their findings at the Texas Association of Nurse Anesthetists on 2 April and two other groups will be presenting at the Anesthesia Post Graduate Short Course on 11 April. Way to go, students!

**ARMY NURSE CORPS PROFESSIONAL DEVELOPMENT BRANCH  
CHIEF, LTC KIMBERLY ARMSTRONG**

**GUIDELINES FOR MOBILIZED RESERVISTS TO RECEIVE FUNDING TO ATTEND THE HEAD NURSE  
LEADERSHIP DEVELOPMENT COURSE (HNLDC)**

The process to attend the course has recently changed and mobilized reservists should follow these guidelines for submitting a packet in order to receive funding:

1. HRC-St. Louis will **ONLY** fund mobilized reservists (CONUS only) to attend the HNLDC if they are currently serving in a Head Nurse position.
2. HRC-St. Louis will **NOT** fund mobilized reservists that are OCONUS.
3. For the application process, the nurse and Hospital Educator should follow the guidelines at this website except as annotated in statement 4:  
<https://www.hrc.army.mil/site/reserve/soldierservices/guidance/pdeheadnurse.htm>

4. **Please disregard the below statement on the website.** It is incorrect and will be updated shortly by HRC-St. Louis.

*USAR Mobilized Army Nurse Corps Officers:*

a. Mobilized AN's wishing to attend the HNLDC are directed to resource their Active Component chain of command for approval process and quota source management (**Remember – this is incorrect as the website has not been updated**).

B. Mobilized AN's are not required to submit a packet to HRC, St Louis for boarding approval and course admission (**Remember – this is incorrect as the website has not been updated**).

5. All Mobilized Reservists must follow the guidelines on the website and **ARE** required to submit an application packet to HRC-St. Louis. A letter from the MTF Chief Nurse must be submitted with the application packet recommending the reservist's attendance at the course and a statement attesting that the reservist is serving in a Head Nurse position.

6. Please note that the deadline for application packet submission is 90 days prior to course start date and that the selection board for each course convenes 60 days prior to the course. Upcoming Course Dates are as follows

Report Date	Start Date	End Date
5 JUN 05	6 JUN 05	17 JUN 05
7 AUG 05	8 AUG 05	19 AUG 05
16 OCT 05	17 OCT 05	28 OCT 05
22 JAN 06	23 JAN 06	3 FEB 06
2 APR 06	3 APR 06	14 APR 06
4 JUN 06	5 JUN 06	16 JUN 06
6 AUG 06	7 AUG 06	18 AUG 06

**7. SOLDIERS NOT SUBMITTING A PACKET TO THE HNLDC BOARD WILL NOT BE CONSIDERED TO ATTEND.**

The Program Director for the HNLDC is MAJ Kelly Bramley. DSN 471-6080 or commercial (210) 221-6080. Email to [kelly.bramley@us.army.mil](mailto:kelly.bramley@us.army.mil).

Classes:

#### ***6F-F2 Advanced Nurse Leadership Course***

Class Number	Report Date	Start Date	End Date
001	26 FEB 06	27 FEB 06	3 MAR 06
002	30 APR 06	1 MAY 06	5 MAY 06
003	17 SEP 06	18 SEP 06	22 SEP 06

HomeLand Security Medical Executive Course (HLSMEC), 13-17 June 2005. Co-sponsored by DMRTI and the University of South Florida, HLSMEC trains senior medical officers for command/senior staff positions in support of the National Response Plan and to meet the challenges and complexities of a CBRNE event or natural disaster in the US or its territories.

Will be held at the Omni Hotel at South Park, Austin, TX. For course information, visit DMRTI's website: [www.DMRTI.army.mil](http://www.DMRTI.army.mil).

Joint Operations Medical Managers Course (JOMMC), 31 July–5 August 2005. Sponsored by DMRTI, JOMMC prepares senior health care personnel (O4-O6) to serve as leaders in support of operational missions. For course information, contact TSgt Ramirez at (210) 221-9218; DSN 471; for registration, contact Mr Moed at (210) 221-9143, DSN 471. For other course information, visit DMRTI's website at: [www.DMRTI.army.mil](http://www.DMRTI.army.mil).

Military Medical Humanitarian Assistance Course (MMHAC), 6–7 August 2005. Sponsored by DMRTI, this course trains US military healthcare providers to deliver optimal medical care to civilian populations, primarily women and children, in the aftermath of humanitarian emergencies. For course information, visit DMRTI's website at [www.DMRTI.army.mil](http://www.DMRTI.army.mil).

**Preparing for Deployment?  
or  
Need to Brush Up on Your Critical Care Skills?**

The Department of Nursing Science, AMEDDC&S, and the American Association of Critical Care Nurses (AACN) have entered into a 5 year partnership to use AACN's *Essentials of Critical Care Orientation (ECCO)* distance learning course as refresher and readiness training for AN officers and Department of Army Civilians (DAC) nurses returning to the critical care environment or preparing for deployment.

This web-based program consists of the following nine subcourses: Introduction to Critical Care Nursing, Cardiovascular Disorders, Pulmonary Disorders, Neurologic Disorders, Renal Disorders, Gastrointestinal Disorders, Endocrine Disorders, Hematologic Disorders, and Multisystem Disorders. Two examinations are required for each subcourse; the first to show successful completion of the module and the second for continuing education (CE) credit. Upon successful completion of all modules and exams, including the CE exam, you will receive 64 CEs as well as credit in ATRRS for course completion.

All registration fees have already been paid by the Department of Nursing Science at the AMEDDC&S!! Please contact your local Hospital/Nursing Education Departments for more information and application procedures as seats are now available!!

**91WM6 (PRACTICAL NURSE COURSE) BRANCH  
CHIEF, LTC PATRICIA LEROUX  
NCIOC, SFC DAVID GRAHAM**

**91WM3 Dialysis Technician Course**

***Great opportunity for 91WM6s with one year experience!***

The Army is experiencing a shortage in M3s. The Dialysis Specialty Course (300-M3) provides selected AMEDD enlisted personnel with knowledge and skills required to perform safe and effective hemodialysis treatments with additional emphasis on other renal replacement therapies including: Peritoneal Dialysis, Continuous Renal Replacement Therapies, Renal Transplant and Hemoperfusion Plasma Exchange/Apheresis. Specific training includes principles of dialysis, machine preparation and operation, dialysis in the combat theater and biomedical nephrologic technology. Clinical duties would consist of such things as pre, interim, and post dialysis treatment assessments; identifying, interpreting and correcting the patient/technical complications; and maintenance of dialysis equipment and supplies. The 300-M3 (Dialysis) Course is offered under AMEDDC&S (Department of Nursing Science) proponentcy at Walter Reed Army Medical Center. The course is 20 weeks long, providing 800 hours of instruction, including 480 hours of clinical practicum with emphasis on dialysis in the combat theater. The additional skill identifier M3 is awarded upon successful completion of the course.

For FY 05, the 300-M3 Course will begin 27 June 2005 and conclude 17 November 2005, Soldiers must be MOS and ASI 91WM6 qualified.

- The ASI Practical Nurse (M6) must be awarded prior to entering the ASI Dialysis Specialty (M3) course.
- Practical Nurses who graduated MOS Practical Nurse course and converted to 91WM6Y2 may attend through FY05.



- ASI M6's must be licensed and have a minimum of one year of practical nursing experience and soldiers entering under the ACASP option must have a minimum of 18 months experience prior to application.
- The practical nurse must have a successfully completed one -year high school or college level chemistry or MED subcourse 803.
- This course is open to AD Army SGT and below, RC SGT and below and DOD civilians. AD SGT promotable and above are not eligible. A waiver for this is possible through AMEDD Personnel Proponent Directorate (APPD).
- The practical nurse will incur a 17-month enlisted obligation upon completion of the course. Soldiers must extend or reenlist to meet service remaining requirement. DOD Civilians have a payback of 3 times the length of training IAW AR 690-400 and DA PAM 351-2.
- Must meet HT/WT IAW AR 600-9.
- Soldiers must have a high school diploma or GED equivalency. ST Score 105 and GT score 110.
- Minimum physical profile 111121. The physical demands rating for this ASI is moderately heavy of 40 pounds constant and 80 pounds short term.

For additional prerequisites see ATRRS. For additional information on this course, please contact LTC Patricia LeRoux, (210) 221-6172, or DSN 471-6172 or MAJ Jennifer Hines (210) 221-6302, DSN 471-6302.

**OPERATING ROOM SPECIALIST (91D) COURSE  
CHIEF (OUTGOING), LTC JOSEPH PAULINO  
(INCOMING), LTC JOHN AUSTIN  
NCOIC, SFC PETERMAN**

The 91D10, Operating Room Specialist Course provides Advanced Individual Training (AIT) to Initial Entry Trainees (IET) and prior service, reclassified soldiers and Non-commissioned Officers (NCO) with a working knowledge of the principles of surgical technology, instrumentation, supplies, and equipment for surgical procedures.

Incorporated into the Phase 1 training cycle for all classes is a three-day Field Training Exercise (FTX) currently conducted at Camp Bullis. This exercise includes specific critical training for such field focused tasks as Chemical, Biological, Radiation, Nuclear, and Explosives (CBRNE), familiarization of Deployable Medical Systems (DEPMEDS) equipment and assembly and use specific field equipment.

In response to world events and lessons learned in support of Operation Iraqi Freedom and Operation Enduring Freedom (OIF/OEF) the AMEDDC&S is developing plans to increase the length of the FTX by as much as five days. This initiative is in response to recently released guidance from Training and Doctrine Command (TRADOC) directing that all AIT producing schools implement sustainment training for Basic Combat Training (BCT) into AIT Programs of Instruction (POI).

Implementation guidance outlined 39 Warrior Ethos tasks and 9 Warrior Ethos drills that are to be considered for BCT sustainment training. Advanced Individual Training Commanders will determine which tasks and drills should be incorporated into their AIT POIs based on the specific needs of their MOS.

The AMEDDC&S has determined that 26 tasks and 9 drills be incorporated into 91-series AIT training. A critical review of POIs found that courses would require extensions to accommodate Warrior Ethos training, which is ultimately intended to protect Soldiers lives. The proposed list of Warrior Ethos tasks and drills to be trained at AMEDDC&C are listed below.

**Warrior Ethos Tasks to be trained at AMEDDC&S:**

1. Qualify with assigned weapon
2. Correct malfunctions with assigned weapon
3. Perform movement techniques during an urban operation
4. Engage targets during an urban operation
5. Enter a building during an urban operation
6. React to man-to-man contact (combatives)
7. Employ mines and hand grenades
8. Perform voice communications SITREP/SPOTREP
9. Perform voice communications Call for Fire
10. Perform voice communications MEDEVAC
11. Use visual signaling techniques

12. Determine location on ground (terrain association, map, GPS)
13. Navigate from one point to another (dismounted & mounted)
14. Move over, through or around obstacles (except minefields)
15. Prepare/operate a vehicle in a convoy
16. Move under direct fire
17. React to indirect fire (dismounted & mounted)
18. React to direct fire (dismounted & mounted)
19. React to unexploded ordnance hazard
20. React to chemical and biological attack/hazard
21. Decontaminate yourself & individual equipment using chemical decontamination kits
22. Maintain equipment
23. Evaluate a casualty
24. Perform first aid for open wound (abdominal, chest, & head)
25. Perform first aid for bleeding of extremity
26. Select temporary fighting position

**Warrior Ethos Drills to be Trained at AMEDDC&S:**

1. React to contact (visual, IED, direct fire [includes RPG])
2. Avoid an ambush (Soldier as a sensor)
3. React to ambush (blocked and unblocked)
4. React to indirect fire
5. React to chemical attack
6. Break contact
7. Dismount a vehicle
8. Evacuate injured personnel from vehicle
9. Secure at a halt

These changes will affect the 91D10 program of instruction, as well as all other AIT programs. Exactly what impact this will have on exact course length, number of course iterations per year, numbers of Phase 2 slots needed per iteration and the funding elements necessary to extend and support this training has yet to be identified.

**Additional details will be provided to the field as they are released.**

**The OR Branch can be reached for questions on this as well as all matters pertaining to the training of the 91D10 students at (210) 221-1582/0702 DSN 471. Direct mail or email correspondence to the Chief or NCOIC can be sent to:**

LTC JOHN A. AUSTIN  
ACADEMY HEALTH SCIENCE  
ATTN MCCS HNO OR BRANCH  
2250 STANLEY RD STE 214  
FT SAM HOUSTON TX 78234  
[john.a.austin@us.army.mil](mailto:john.a.austin@us.army.mil)

SFC ROCHELL PETERMAN  
ACADEMY HEALTH SCIENCE  
ATTN MCCS HNO OR BRANCH  
2250 STANLEY RD STE 214  
FT SAM HOUSTON TX 78234  
[rochell.peterman@us.army.mil](mailto:rochell.peterman@us.army.mil)

Office of the Chief, Army Nurse Corps	
<p><b>Fort Sam Houston Office</b> COL Barbara Bruno, Deputy Chief ANC <a href="mailto:Barbara.bruno@amedd.army.mil">mailto:Barbara.bruno@amedd.army.mil</a> LTC Sheri Howell, AN Staff Officer <a href="mailto:Sheri.howell@amedd.army.mil">mailto:Sheri.howell@amedd.army.mil</a> MAJ Eric Lewis, AN Fellow <a href="mailto:Eric.lewis@amedd.army.mil">mailto:Eric.lewis@amedd.army.mil</a> AMEDD Center and School ATTN: MCCS-CN, Room 275 2250 Stanley Road Fort Sam Houston, TX 78234 210.221.6221/6659 DSN 471 Fax: 210.221.8360 ANC Branch @ HRC: <a href="http://www.perscomonline.army.mil/ophsdan/default.htm">www.perscomonline.army.mil/ophsdan/default.htm</a></p>	<p><b>Washington, DC Office</b> LTC Christine Johnson, AN Staff Officer <a href="mailto:Christine.Johnson@belvoir.army.mil">mailto:Christine.Johnson@belvoir.army.mil</a> Headquarters, DA Office of the Surgeon General 6011 5<sup>th</sup> Street, Suite #1 Fort Belvoir, VA 22060-5596 703.806.3027 DSN 656 Fax: 703.806.3999</p>
	AN Website: <a href="http://armynursecorps.amedd.army.mil/">http://armynursecorps.amedd.army.mil/</a>